Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05/27/10</u>	Address:	<u>3910 E 1175 E</u>	
Case #:	<u>22F45833</u>		Stroh, IN	
County:	LaGrange			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			check all that apply)	
_	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): <u>Laundry Room</u>				
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: <u>Laundry Room</u>				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): Back Porch				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		Ephedrin Retail/Mo	nvestigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:County Invest.	
This report	t is to be faxed to the following agen	cies that serve the le	ocation:	
Fire Depart	ment: Stroh Fire	Fax: emailed		
Health Department: <u>LaGrange Health</u>		Fax: <u>email</u> Fax:		
Child Prote	ction Service: N/A		-	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Sgt. M. C. Toles</u> Phone <u>260-432-8661</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.